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Attorney's Docket No.: 06975-0203001 Client's Ref. No.: Security 14

OFFICIAL COMMUNICATION FACSIMILE:

OFFICIAL FAX NO: (571) 273-0299

Art Unit : 2143

Examiner: Alina Boutah

Number of pages including this page

Applicant: Brian Jacoby et al.

Serial No.: 09/894,918

: June 29, 2001 Filed

Title

: Deep Packet Scan Hacker Identification

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

A Confirmation of Hearing dated February 10, 2009 is attached.

Respectfully submitted,

Date: February 10, 2009

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UNFTED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

FISH & RICHARDSON P.C.

P.O. BOX 1022

MINNEAPOLIS, MN 55440-1022

Appeal No:

2008-4795

Appellant: Application No:

09/894,918

Hearing Room:

В

Hearing Docket: В

Hearing Date: Hearing Time: Wednesday, March 18, 2009

09:00 AM

Location:

Madison Building - East Wing 600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

Brian Jacoby, Christopher J. Wright et al.

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: (X) HEARING ATTENDANCE CONFIRMED

() MEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

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